

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition to Revoke Probation
Against:

Case No. 2006-274

**KARIN NICOLE PEREZ, A.K.A. KARIN
NICOLE AVERELL, A.K.A. KARIN
NICOLE SILVA**
840 Villa Avenue #6
San Jose, CA 95126

Registered Nurse License No. 566821

Respondent.

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on FEBRUARY 25, 2008

It is so ORDERED FEBRUARY 25, 2008

LaTranene W Tate

FOR THE BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS

1 EDMUND G. BROWN JR.
Attorney General of the State of California
2 WILBERT E. BENNETT
Supervising Deputy Attorney General
3 SHANA A. BAGLEY, State Bar No. 169423
Deputy Attorney General
4 California Department of Justice
1515 Clay Street, 20th Floor
5 P.O. Box 70550
Oakland, CA 94612-0550
6 Telephone: (510) 622-2129
Facsimile: (510) 622-2270
7

8 Attorneys for Complainant

9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Petition to Revoke Probation
Against:

Case No. 2006-274

12 **KARIN NICOLE PEREZ, A.K.A. KARIN**
13 **NICOLE AVERELL, A.K.A. KARIN**
NICOLE SILVA
14 840 Villa Avenue #6
San Jose, CA 95126
15

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

16 Registered Nurse License No. 566821

17 Respondent.
18

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties in this
21 proceeding that the following matters are true:

22 **PARTIES**

23 1. Ruth Ann Terry, M.P.H, R.N (Complainant) is the Executive Officer of
24 the Board of Registered Nursing. She brought this action solely in her official capacity and is
25 represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California,
26 by Shana A. Bagley, Deputy Attorney General.

27 ///

28 ///

2. Karin Nicole Perez, also known as Karin Nicole Averell, also known as Karin Nicole Silva, (Respondent) is representing herself in this proceeding and has chosen not to exercise her right to be represented by counsel.

3. On or about May 11, 2000, the Board of Registered Nursing issued Registered Nurse License No. 566821 to Respondent. The License was in full force and effect at all times relevant to the charges brought in Petition to Revoke Probation No. 2006-274 and will expire on November 30, 2007, unless renewed.

JURISDICTION

4. Petition to Revoke Probation No. 2006-274 was filed before the Board of Registered Nursing (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Petition to Revoke Probation and all other statutorily required documents were properly served on Respondent on September 27, 2007. Respondent timely filed her Notice of Defense contesting the Petition to Revoke Probation. A copy of Petition to Revoke Probation No. 2006-274 is attached as Exhibit "A" and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Petition to Revoke Probation No. 2006-274. Respondent also has carefully read, and fully understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Petition to Revoke Probation; the right to be represented by counsel, at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

/ / /

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in Petition to Revoke Probation No. 2006-274, agrees that cause exists for discipline and hereby surrenders her Registered Nurse License No. 566821 for the Board's formal acceptance.

9. Respondent understands that by signing this stipulation she enables the Board to issue an order accepting the surrender of her Registered Nurse License without further process.

CONTINGENCY

10. This stipulation shall be subject to approval by the Board of Registered Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Registered Nursing may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

OTHER MATTERS

11. The parties understand and agree that facsimile copies of this Stipulated Surrender of License and Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

///
///
///

ORDER

IT IS HEREBY ORDERED that the surrender of Registered Nurse License No. 566821, issued to Respondent Karin Nicole Perez, a.k.a. Karin Nicole Averell, a.k.a. Karin Nicole Silva, is accepted by the Board of Registered Nursing.

13. The surrender of Respondent's Registered Nurse License and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

14. Respondent shall lose all rights and privileges as a registered nurse in California as of the effective date of the Board's Decision and Order.

15. Respondent shall cause to be delivered to the Board both her License wall and pocket license certificates on or before the effective date of the Decision and Order.

16. Respondent fully understands and agrees that if she ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Petition to Revoke Probation No. 2006-274 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

17. Upon any reinstatement of the license, Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of \$7,467.00. Respondent shall be permitted to pay these costs in a payment plan approved by the Board.

///

///

///

///

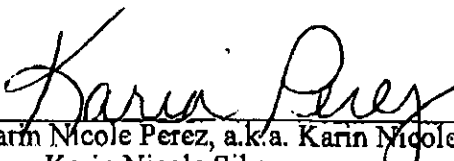
1 18. Should Respondent ever apply or reapply for a new license or certification,
2 or petition for reinstatement of a license, by any other health care licensing agency in the State of
3 California, all of the charges and allegations contained in Petition to Revoke Probation No.
4 2006-274 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any
5 Statement of Issues or any other proceeding seeking to deny or restrict licensure.

6 19. Respondent shall not apply for licensure or petition for reinstatement for
7 two (2) years from the effective date of the Board of Registered Nursing's Decision and Order.

8 ACCEPTANCE

9 I have carefully read the Stipulated Surrender of License and Order. I understand
10 the stipulation and the effect it will have on my Registered Nurse License. I enter into this
11 Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to
12 be bound by the Decision and Order of the Board of Registered Nursing.

13 DATED: 10/30/07

14
15 
16 Karin Nicole Perez, a.k.a. Karin Nicole Averell,
17 a.k.a. Karin Nicole Silva
18 Respondent
19
20
21
22
23
24
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

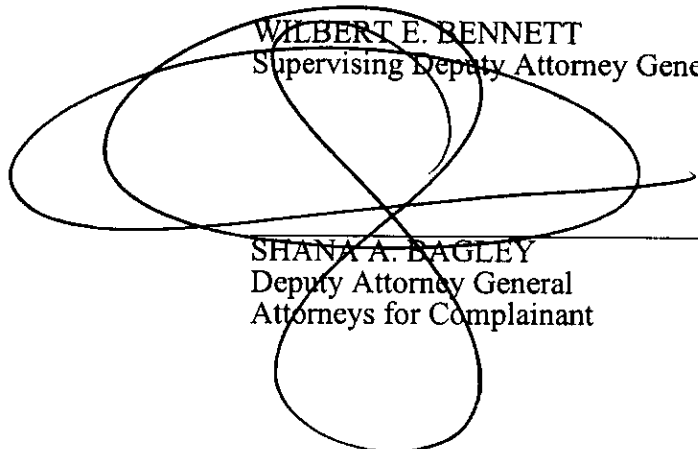
ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Board of Registered Nursing of the Department of Consumer Affairs.

DATED: 11.2.07

EDMUND G. BROWN JR.
Attorney General of the State of California

WILBERT E. BENNETT
Supervising Deputy Attorney General

A large, stylized handwritten signature in black ink, appearing to read 'SHANA A. BAGLEY', is written over the signature line and extends upwards into the space of the text above it.

SHANA A. BAGLEY
Deputy Attorney General
Attorneys for Complainant

Exhibit “A”

Petition to Revoke Probation No. 2006-274

1 EDMUND G. BROWN JR.
Attorney General of the State of California
2 WILBERT E. BENNETT
Supervising Deputy Attorney General
3 SHANA A. BAGLEY, State Bar No. 169423
Deputy Attorney General
4 California Department of Justice
1515 Clay Street, 20th Floor
5 P.O. Box 70550
Oakland, CA 94612-0550
6 Telephone: (510) 622-2129
Facsimile: (510) 622-2270

7 Attorneys for Complainant

8
9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Petition to Revoke Probation
Against:

Case No. 2006-274

13 **KARIN NICOLE PEREZ, A.K.A. KARIN**
14 **NICOLE AVERELL, A.K.A. KARIN**
NICOLE SILVA
840 Villa Avenue #6
15 San Jose, CA 95126

**PETITION TO REVOKE
PROBATION**

16 Registered Nurse License No. 566821

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Ruth Ann Terry, M.P.H., R.N (Complainant) brings this Petition to Revoke
22 Probation solely in her official capacity as the Executive Officer of the Board of Registered
23 Nursing, Department of Consumer Affairs.
24 2. On or about May 11, 2000, the Board of Registered Nursing issued
25 Registered Nurse License Number 566821 to Karin Nicole Averell, also known as Karin Nicole
26 Silva, also known as Karin Nicole Perez (Respondent). The Registered Nurse License was in
27 effect at all times relevant to the charges brought herein and will expire on November 30, 2007,
28 unless renewed.

[illegible]

2
3
4
5

6
7
8
9
0
1

2
3

4
5

0

7
8
9
0

- 1
- 2
- 3

+

0

0

100

1 8. Section 2764 of the Code provides, in pertinent part, that the expiration of
2 a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding
3 against the licensee or to render a decision imposing discipline on the license. Under section
4 2811, subdivision (b), of the Code, the Board may renew an expired license at any time within
5 eight years after the expiration.

6 **FIRST CAUSE TO REVOKE PROBATION**

7 **(Failure to File Quarterly Report)**

8 9. At all times after the effective date of Respondent's probation, Condition 6
9 of the Disciplinary Order stated, in pertinent part, that:

10 Respondent, during the period of probation, shall submit or cause
11 to be submitted such written reports/declarations and verification
12 of actions under penalty of perjury, as required by the Board.
13 These reports/declarations shall contain statements relative to
14 Respondent's compliance with all the conditions of the Board's
15 Probation Program. . . .

16 10. Respondent's probation is subject to revocation because she failed to
17 comply with Probation Condition 6, referenced above, in that she failed to submit the Quarterly
18 Report that was due on April 7, 2007.

19 **SECOND CAUSE TO REVOKE PROBATION**

20 **(Failure to Submit to Physical Examination)**

21 11. At all times after the effective date of Respondent's probation, Condition
22 15 of the Disciplinary Order stated, in pertinent part, that:

23 Within 45 days of the effective date of this Decision, Respondent,
24 at her expense, shall have a licensed physician, nurse practitioner,
25 or physician assistant, who is approved by the Board before the
26 assessment is performed, submit an assessment of the Respondent's
27 physical condition and capability to perform the duties of a
28 registered nurse. . . .

 If Respondent fails to have the above assessment submitted to the
Board within the 45-day requirement, Respondent shall
immediately cease practice and shall not resume practice until
notified by the Board. . . . The Board may waive or postpone this
suspension only if significant, documented evidence of mitigation
is provided. Such evidence must establish good faith efforts by
Respondent to obtain the assessment, and a specific date for
compliance must be provided. Only one such waiver or extension
may be permitted.

1 12. Respondent's probation is subject to revocation because she failed to
2 comply with Probation Condition 15, referenced above, in that while the Board permitted
3 Respondent an extension to May 31, 2007, she failed to submit to said physical examination as
4 required.

5 **THIRD CAUSE TO REVOKE PROBATION**

6 **(Failure to Submit Verification of Attendance of Meetings)**

7 13. At all times after the effective date of Respondent's probation, Condition
8 16 of the Disciplinary Order stated, in pertinent part, that:

9 ... Based on Board recommendation, each week Respondent shall
10 be required to attend at least one, but no more than five 12-step
11 recovery meetings or equivalent (e.g., Narcotics Anonymous,
12 Alcoholics Anonymous, etc.) and a nurse support group as
13 approved and directed by the Board. If a nurse support group is not
14 available, an additional 12-step meeting or equivalent shall be
added. Respondent shall submit dated and signed documentation
confirming such attendance to the Board during the entire period of
probation. Respondent shall continue with the recovery plan
recommended by the treatment/rehabilitation program or a licensed
mental health examiner and/or other ongoing recovery groups.

15 14. Respondent's probation is subject to revocation because she failed to
16 comply with Probation Condition 16, referenced above, in that she failed to submit verification
17 of her attendance at the 12-step recovery meetings by April 7, 2007 as required.

18 **FOURTH CAUSE TO REVOKE PROBATION**

19 **(Failure to Abstain From Alcohol)**

20 15. At all times after the effective date of Respondent's probation, Condition
21 17 of the Disciplinary Order stated, in pertinent part, that:

22 Respondent shall completely abstain from the possession,
23 injection, or consumption by any route of all controlled substances
24 and all psychotropic (mood altering) drugs, including alcohol,
except when the same are ordered by a health care professional
legally authorized to do so as part of documented medical
treatment. Respondent shall have sent to the Board, in writing and
within fourteen (14) days, by the prescribing health professional, a
report identifying the medication, dosage, the date the medication
was prescribed, the Respondent's prognosis, the date the
medication will no longer be required, and the effect on the
recovery plan, if appropriate. ...

28 ///

1 16. Respondent's probation is subject to revocation because she failed to
2 comply with Probation Condition 17, referenced above, in that she failed to abstain from
3 consuming alcohol. Specifically, on May 25, 2007 and June 8, 2007, Respondent tested positive
4 for Ethyl Glucoronide (alcohol) during the Board's random, biological fluid testing program.

5 **FIFTH CAUSE TO REVOKE PROBATION**

6 **(Failure to Comply with Random Fluid Testing)**

7 17. At all times after the effective date of Respondent's probation, Condition
8 18 of the Disciplinary Order stated, in pertinent part, that:

9 Respondent, at her expense, shall participate in a random,
10 biological fluid testing or a drug screening program which the
11 Board approves. . . . Any confirmed positive finding shall be
12 reported immediately to the Board by the program and Respondent
13 shall be considered in violation of probation.

14 In addition, Respondent, at any time during the period of probation,
15 shall fully cooperate with the Board or any of its representatives,
16 and shall, when requested, submit to such tests and samples as the
17 Board or its representatives may require for the detection of
18 alcohol . . .

19 18. Respondent's probation is subject to revocation because she failed to
20 comply with Probation Condition 18, referenced above, in that on June 28, 2007, she failed to
21 participate in the random, biological fluid testing as required.

22 **SIXTH CAUSE TO REVOKE PROBATION**

23 **(Failure to Submit to a Mental Health Examination)**

24 19. At all times after the effective date of Respondent's probation, Condition
25 19 of the Disciplinary Order stated, in pertinent part, that:

26 Respondent shall, within 45 days of the effective date of this
27 Decision, have a mental health examination including
28 psychological testing as appropriate to determine her capability to
perform the duties of a registered nurse. . . .

25 ///

26 ///

27 ///

28 ///

1 If Respondent fails to have the above assessment submitted to the
2 Board within the 45-day requirement, Respondent shall
3 immediately cease practice and shall not resume practice until
4 notified by the Board. . . . The Board may waive or postpone this
5 suspension only if significant, documented evidence of mitigation
6 is provided. Such evidence must establish good faith efforts by
7 Respondent to obtain the assessment, and a specific date for
8 compliance must be provided. Only one such waiver or extension
9 may be permitted.

6 20. Respondent's probation is subject to revocation because she failed to
7 comply with Probation Condition 19, referenced above, in that while the Board permitted
8 Respondent an extension to May 31, 2007, she failed to submit to said mental health examination
9 as required.

10 **SEVENTH CAUSE TO REVOKE PROBATION**

11 **(Failure to Submit Ongoing Treatment Reports)**

12 21. At all times after the effective date of Respondent's probation, Condition
13 20 of the Disciplinary Order stated that:

14 Respondent, at her expense, shall participate in an on-going
15 counseling program until such time as the Board releases her from
16 this requirement and only upon the recommendation of the
17 counselor. Written progress reports from the counselor will be
18 required at various intervals.

17 22. Respondent's probation is subject to revocation because she failed to
18 comply with Probation Condition 20, referenced above, in that she failed to submit the on-going
19 treatment reports as required.

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8

2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8

- 4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8

- 8
9
0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8

0
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8

2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8

Exhibit “A”

Decision and Order

Board of Registered Nursing Case No. 2006-274

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Karin Nicole Perez
1331 South Wolfe Road, #61
Sunnyvale, CA 94087

Registered Nurse License No. 566821

Respondent

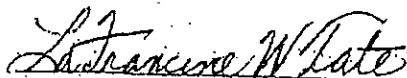
Case No: 2006-274

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as it's Decision in the above entitled matter.

This Decision shall become effective on January 15, 2007.

IT IS SO ORDERED December 14, 2006.



Vice-President
Board of Registered Nursing
Department of Consumer Affairs
State of California

1 BILL LOCKYER, Attorney General
of the State of California
2 SHANA A. BAGLEY, State Bar No. 169423
Deputy Attorney General
3 California Department of Justice
1515 Clay Street, 20th Floor
4 P.O. Box 70550
Oakland, CA 94612-0550
5 Telephone: (510) 622-2129
Facsimile: (510) 622-2270

6 Attorneys for Complainant

7
8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **KARIN NICOLE AVERELL, a.k.a. KARIN**
14 **NICOLE SILVA, a.k.a. KARIN NICOLE**
15 **PEREZ**

16 39135 Ebbetts Street
Newark, California 94560

17 Registered Nurse License No. 566821

18 Respondent.

Case No. 2006-274

OAH No. 2006070662

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
20 above-entitled proceedings that the following matters are true:

PARTIES

21 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer of
22 the Board of Registered Nursing. She brought this action solely in her official capacity and is
23 represented in this matter by Bill Lockyer, Attorney General of the State of California, by Shana
24 A. Bagley, Deputy Attorney General.

25 2. Respondent Karin Nicole Averell, also known as Karin Nicole Silva, also
26 known as Karin Nicole Perez (Respondent) is representing herself in this proceeding and has
27 chosen not to exercise her right to be represented by counsel.

28 ///

1 9. Respondent agrees that her Registered Nurse License is subject to
2 discipline and she agrees to be bound by the Board of Registered Nursing (Board) 's imposition
3 of discipline as set forth in the Disciplinary Order below.

4 CIRCUMSTANCES IN MITIGATION

5 10. Respondent Karin Nicole Averell, a.k.a. Karin Nicole Silva, a.k.a. Karin
6 Nicole Perez, has never been the subject of any disciplinary action. She is admitting
7 responsibility at an early stage in the proceedings.

8 CONTINGENCY

9 11. This stipulation shall be subject to approval by the Board of Registered
10 Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the
11 Board of Registered Nursing may communicate directly with the Board regarding this stipulation
12 and settlement, without notice to or participation by Respondent. By signing the stipulation,
13 Respondent understands and agrees that she may not withdraw her agreement or seek to rescind
14 the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt
15 this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall
16 be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action
17 between the parties, and the Board shall not be disqualified from further action by having
18 considered this matter.

19 12. The parties understand and agree that facsimile copies of this Stipulated
20 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same
21 force and effect as the originals.

22 13. In consideration of the foregoing admissions and stipulations, the parties
23 agree that the Board may, without further notice or formal proceeding, issue and enter the
24 following Disciplinary Order:

25 ///

26 ///

27 ///

28 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Registered Nurse License No. 566821 issued to Respondent is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

Severability Clause. Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1. **Actual Suspension of License.** Respondent is suspended from the practice of registered nursing for 12 months beginning the effective date of this Decision.

During the suspension period, all probation conditions are in full force and effect except those relating to actual nursing practice. This period of suspension will not apply to the reduction of this probationary time period.

2. **Obey All Laws.** Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by Respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

Criminal Court Orders: If Respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

3. **Comply with the Board's Probation Program.** Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the Respondent's

///

///

1 compliance with the Board's Probation Program. Respondent shall inform the Board in writing
2 within no more than 15 days of any address change and shall at all times maintain an active,
3 current license status with the Board, including during any period of suspension.

4 Upon successful completion of probation, Respondent's license shall be fully
5 restored.

6 4. **Report in Person.** Respondent, during the period of probation, shall
7 appear in person at interviews/meetings as directed by the Board or its designated
8 representatives.

9 5. **Residency, Practice, or Licensure Outside of State.** Periods of
10 residency or practice as a registered nurse outside of California shall not apply toward a reduction
11 of this probation time period. Respondent's probation is tolled, if and when she resides outside
12 of California. Respondent must provide written notice to the Board within 15 days of any change
13 of residency or practice outside the state, and within 30 days prior to re-establishing residency or
14 returning to practice in this state.

15 Respondent shall provide a list of all states and territories where she has ever been
16 licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further
17 provide information regarding the status of each license and any changes in such license status
18 during the term of probation. Respondent shall inform the Board if she applies for or obtains a
19 new nursing license during the term of probation.

20 6. **Submit Written Reports.** Respondent, during the period of probation,
21 shall submit or cause to be submitted such written reports/declarations and verification of actions
22 under penalty of perjury, as required by the Board. These reports/declarations shall contain
23 statements relative to Respondent's compliance with all the conditions of the Board's Probation
24 Program. Respondent shall immediately execute all release of information forms as may be
25 required by the Board or its representatives.

26 Respondent shall provide a copy of this Decision to the nursing regulatory agency
27 in every state and territory in which she has a registered nurse license.

28 ///

1 7. **Function as a Registered Nurse.** Respondent, during the period of
2 probation, shall engage in the practice of registered nursing in California for a minimum of 24
3 hours per week for 6 consecutive months or as determined by the Board.

4 For purposes of compliance with the section, "engage in the practice of registered
5 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or
6 work in any non-direct patient care position that requires licensure as a registered nurse.

7 The Board may require that advanced practice nurses engage in advanced practice
8 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the
9 Board.

10 If Respondent has not complied with this condition during the probationary term,
11 and Respondent has presented sufficient documentation of her good faith efforts to comply with
12 this condition, and if no other conditions have been violated, the Board, in its discretion, may
13 grant an extension of Respondent's probation period up to one year without further hearing in
14 order to comply with this condition. During the one year extension, all original conditions of
15 probation shall apply.

16 8. **Employment Approval and Reporting Requirements.** Respondent
17 shall obtain prior approval from the Board before commencing or continuing any employment,
18 paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all
19 performance evaluations and other employment related reports as a registered nurse upon request
20 of the Board.

21 Respondent shall provide a copy of this Decision to her employer and immediate
22 supervisors prior to commencement of any nursing or other health care related employment.

23 In addition to the above, Respondent shall notify the Board in writing within
24 seventy-two (72) hours after she obtains any nursing or other health care related employment.
25 Respondent shall notify the Board in writing within seventy-two (72) hours after she is
26 terminated or separated, regardless of cause, from any nursing, or other health care related
27 employment with a full explanation of the circumstances surrounding the termination or
28 separation.

1 9. **Supervision.** Respondent shall obtain prior approval from the Board
2 regarding Respondent's level of supervision and/or collaboration before commencing or
3 continuing any employment as a registered nurse, or education and training that includes patient
4 care.

5 Respondent shall practice only under the direct supervision of a registered nurse
6 in good standing (no current discipline) with the Board of Registered Nursing, unless alternative
7 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)
8 are approved.

9 Respondent's level of supervision and/or collaboration may include, but is not
10 limited to the following:

11 (a) Maximum - The individual providing supervision and/or collaboration is
12 present in the patient care area or in any other work setting at all times.

13 (b) Moderate - The individual providing supervision and/or collaboration is in
14 the patient care unit or in any other work setting at least half the hours Respondent works.

15 (c) Minimum - The individual providing supervision and/or collaboration has
16 person-to-person communication with Respondent at least twice during each shift worked.

17 (d) Home Health Care - If Respondent is approved to work in the home health
18 care setting, the individual providing supervision and/or collaboration shall have person-to-
19 person communication with Respondent as required by the Board each work day. Respondent
20 shall maintain telephone or other telecommunication contact with the individual providing
21 supervision and/or collaboration as required by the Board during each work day. The individual
22 providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-
23 site visits to patients' homes visited by Respondent with or without Respondent present.

24 10. **Employment Limitations.** Respondent shall not work for a nurse's
25 registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a
26 traveling nurse, or for an in-house nursing pool.

27 Respondent shall not work for a licensed home health agency as a visiting nurse
28 unless the registered nursing supervision and other protections for home visits have been

1 approved by the Board. Respondent shall not work in any other registered nursing occupation
2 where home visits are required.

3 Respondent shall not work in any health care setting as a supervisor of registered
4 nurses. The Board may additionally restrict Respondent from supervising licensed vocational
5 nurses and/or unlicensed assistive personnel on a case-by-case basis.

6 Respondent shall not work as a faculty member in an approved school of nursing
7 or as an instructor in a Board approved continuing education program.

8 Respondent shall work only on a regularly assigned, identified and predetermined
9 worksite(s) and shall not work in a float capacity.

10 If Respondent is working or intends to work in excess of 40 hours per week, the
11 Board may request documentation to determine whether there should be restrictions on the hours
12 of work.

13 11. **Complete a Nursing Course(s).** Respondent, at her own expense, shall
14 enroll and successfully complete a course(s) relevant to the practice of registered nursing no later
15 than six months prior to the end of her probationary term.

16 Respondent shall obtain prior approval from the Board before enrolling in the
17 course(s). Respondent shall submit to the Board the original transcripts or certificates of
18 completion for the above required course(s). The Board shall return the original documents to
19 Respondent after photocopying them for its records.

20 12. **Cost Recovery.** Respondent shall pay to the Board costs associated with
21 its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the
22 amount of \$5,632.00. Respondent shall be permitted to pay these costs in a payment plan
23 approved by the Board, with payments to be completed no later than three months prior to the
24 end of the probation term.

25 If Respondent has not complied with this condition during the probationary term,
26 and Respondent has presented sufficient documentation of her good faith efforts to comply with
27 this condition, and if no other conditions have been violated, the Board, in its discretion, may
28 grant an extension of Respondent's probation period up to one year without further hearing in

1 order to comply with this condition. During the one year extension, all original conditions of
2 probation will apply.

3 **13. Violation of Probation.** If Respondent violates the conditions of her
4 probation, the Board after giving Respondent notice and an opportunity to be heard, may set
5 aside the stay order and impose the stayed revocation of Respondent's license.

6 If during the period of probation, an accusation or petition to revoke probation has
7 been filed against Respondent's license or the Attorney General's Office has been requested to
8 prepare an accusation or petition to revoke probation against Respondent's license, the
9 probationary period shall automatically be extended and shall not expire until the accusation or
10 petition has been acted upon by the Board.

11 **14. License Surrender.** During Respondent's term of probation, if she ceases
12 practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of
13 probation, Respondent may surrender her license to the Board. The Board reserves the right to
14 evaluate Respondent's request and to exercise its discretion whether to grant the request, or to
15 take any other action deemed appropriate and reasonable under the circumstances, without
16 further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent
17 will no longer be subject to the conditions of probation.

18 Surrender of Respondent's license shall be considered a disciplinary action and
19 shall become a part of Respondent's license history with the Board. A registered nurse whose
20 license has been surrendered may petition the Board for reinstatement no sooner than the
21 following minimum periods from the effective date of the disciplinary decision:

22 (1) Two years for reinstatement of a license that was surrendered for any
23 reason other than a mental or physical illness; or

24 (2) One year for a license surrendered for a mental or physical illness.

25 **15. Physical Examination.** Within 45 days of the effective date of this
26 Decision, Respondent, at her expense, shall have a licensed physician, nurse practitioner, or
27 physician assistant, who is approved by the Board before the assessment is performed, submit an
28 assessment of the Respondent's physical condition and capability to perform the duties of a

1 assessment of the Respondent's physical condition and capability to perform the duties of a
2 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If
3 medically determined, a recommended treatment program will be instituted and followed by the
4 Respondent with the physician, nurse practitioner, or physician assistant providing written
5 reports to the Board on forms provided by the Board.

6 If Respondent is determined to be unable to practice safely as a registered nurse,
7 the licensed physician, nurse practitioner, or physician assistant making this determination shall
8 immediately notify the Board and Respondent by telephone, and the Board shall request that the
9 Attorney General's office prepare an accusation or petition to revoke probation. Respondent
10 shall immediately cease practice and shall not resume practice until notified by the Board.
11 During this period of suspension, Respondent shall not engage in any practice for which a license
12 issued by the Board is required until the Board has notified Respondent that a medical
13 determination permits Respondent to resume practice. This period of suspension will not apply
14 to the reduction of this probationary time period.

15 If Respondent fails to have the above assessment submitted to the Board within
16 the 45-day requirement, Respondent shall immediately cease practice and shall not resume
17 practice until notified by the Board. This period of suspension will not apply to the reduction of
18 this probationary time period. The Board may waive or postpone this suspension only if
19 significant, documented evidence of mitigation is provided. Such evidence must establish good
20 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be
21 provided. Only one such waiver or extension may be permitted.

22 16. **Participate in Treatment/Rehabilitation Program for Chemical**
23 **Dependence.** Respondent, at her expense, shall successfully complete during the probationary
24 period or shall have successfully completed prior to commencement of probation a Board-
25 approved treatment/rehabilitation program of at least six months duration. As required, reports
26 shall be submitted by the program on forms provided by the Board. If Respondent has not
27 completed a Board-approved treatment/rehabilitation program prior to commencement of
28 probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in

1 a program. If a program is not successfully completed within the first nine months of probation,
2 the Board shall consider Respondent in violation of probation.

3 Based on Board recommendation, each week Respondent shall be required to
4 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics
5 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed
6 by the Board. If a nurse support group is not available, an additional 12-step meeting or
7 equivalent shall be added. Respondent shall submit dated and signed documentation confirming
8 such attendance to the Board during the entire period of probation. Respondent shall continue
9 with the recovery plan recommended by the treatment/rehabilitation program or a licensed
10 mental health examiner and/or other ongoing recovery groups.

11 17. **Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent
12 shall completely abstain from the possession, injection or consumption by any route of all
13 controlled substances and all psychotropic (mood altering) drugs, including alcohol, except when
14 the same are ordered by a health care professional legally authorized to do so as part of
15 documented medical treatment. Respondent shall have sent to the Board, in writing and within
16 fourteen (14) days, by the prescribing health professional, a report identifying the medication,
17 dosage, the date the medication was prescribed, the Respondent's prognosis, the date the
18 medication will no longer be required, and the effect on the recovery plan, if appropriate.

19 Respondent shall identify for the Board a single physician, nurse practitioner or
20 physician assistant who shall be aware of Respondent's history of substance abuse and will
21 coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled
22 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician
23 assistant shall report to the Board on a quarterly basis Respondent's compliance with this
24 condition. If any substances considered addictive have been prescribed, the report shall identify a
25 program for the time limited use of any such substances.

26 The Board may require the single coordinating physician, nurse practitioner, or
27 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in
28 addictive medicine.

1 18. **Submit to Tests and Samples.** Respondent, at her expense, shall
2 participate in a random, biological fluid testing or a drug screening program which the Board
3 approves. The length of time and frequency will be subject to approval by the Board.
4 Respondent is responsible for keeping the Board informed of Respondent's current telephone
5 number at all times. Respondent shall also ensure that messages may be left at the telephone
6 number when she is not available and ensure that reports are submitted directly by the testing
7 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately
8 to the Board by the program and Respondent shall be considered in violation of probation.

9 In addition, Respondent, at any time during the period of probation, shall fully
10 cooperate with the Board or any of its representatives, and shall, when requested, submit to such
11 tests and samples as the Board or its representatives may require for the detection of alcohol,
12 narcotics, hypnotics, dangerous drugs, or other controlled substances.

13 If Respondent has a positive drug screen for any substance not legally authorized
14 and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the
15 Board files a petition to revoke probation or an accusation, the Board may suspend Respondent
16 from practice pending the final decision on the petition to revoke probation or the accusation.
17 This period of suspension will not apply to the reduction of this probationary time period.

18 If Respondent fails to participate in a random, biological fluid testing or drug
19 screening program within the specified time frame, Respondent shall immediately cease practice
20 and shall not resume practice until notified by the Board. After taking into account documented
21 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the
22 Board may suspend Respondent from practice pending the final decision on the petition to
23 revoke probation or the accusation. This period of suspension will not apply to the reduction of
24 this probationary time period.

25 19. **Mental Health Examination.** Respondent shall, within 45 days of the
26 effective date of this Decision, have a mental health examination including psychological testing
27 as appropriate to determine her capability to perform the duties of a registered nurse. The
28 examination will be performed by a psychiatrist, psychologist or other licensed mental health

1 practitioner approved by the Board. The examining mental health practitioner will submit a
2 written report of that assessment and recommendations to the Board. All costs are the
3 responsibility of Respondent. Recommendations for treatment, therapy or counseling made as a
4 result of the mental health examination will be instituted and followed by Respondent.

5 If Respondent is determined to be unable to practice safely as a registered nurse,
6 the licensed mental health care practitioner making this determination shall immediately notify
7 the Board and Respondent by telephone, and the Board shall request that the Attorney General's
8 office prepare an accusation or petition to revoke probation. Respondent shall immediately cease
9 practice and may not resume practice until notified by the Board. During this period of
10 suspension, Respondent shall not engage in any practice for which a license issued by the Board
11 is required, until the Board has notified Respondent that a mental health determination permits
12 Respondent to resume practice. This period of suspension will not apply to the reduction of this
13 probationary time period.

14 If Respondent fails to have the above assessment submitted to the Board within
15 the 45-day requirement, Respondent shall immediately cease practice and shall not resume
16 practice until notified by the Board. This period of suspension will not apply to the reduction of
17 this probationary time period. The Board may waive or postpone this suspension only if
18 significant, documented evidence of mitigation is provided. Such evidence must establish good
19 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be
20 provided. Only one such waiver or extension may be permitted.

21 20. **Therapy or Counseling Program.** Respondent, at her expense, shall
22 participate in an on-going counseling program until such time as the Board releases her from this
23 requirement and only upon the recommendation of the counselor. Written progress reports from
24 the counselor will be required at various intervals.

25 ///

26 ///


27 ///

28 ///

1 ACCEPTANCE

2 I have carefully read the Stipulated Settlement and Disciplinary Order. I
3 understand the stipulation and the effect it will have on my Registered Nurse License. I enter
4 into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently,
5 and agree to be bound by the Decision and Order of the Board of Registered Nursing.

6 DATED: 10/02/06

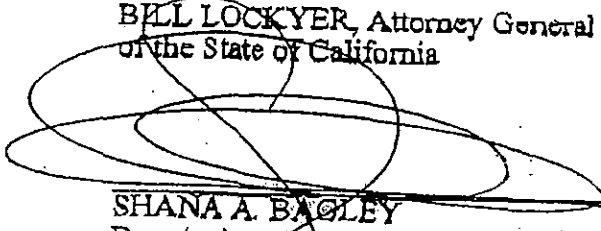
7
8 
9 KARIN NICOLE PEREZ, a.k.a. KARIN NICOLE
10 AVERELL, a.k.a. KARIN NICOLE SILVA
11 Respondent

12 ENDORSEMENT

13 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
14 submitted for consideration by the Board of Registered Nursing of the Department of Consumer
15 Affairs.

16 DATED: 10.2.06

17
18 BILL LOCKYER, Attorney General
19 of the State of California

20 
21 SHANA A. BAGLEY
22 Deputy Attorney General
23 Attorneys for Complainant

24 DOJ Matter ID: SF2006401260
25 90044877.wpd
26
27
28

Exhibit A

Accusation No. 2006-274

1 BILL LOCKYER, Attorney General
of the State of California
2 SHANA A. BAGLEY, State Bar No. 169423
Deputy Attorney General
3 California Department of Justice
1515 Clay Street, 20th Floor
4 P.O. Box 70550
Oakland, CA 94612-0550
5 Telephone: (510) 622-2129
Facsimile: (510) 622-2270

6 Attorneys for Complainant

7
8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 2006-274

11 KARIN NICOLE AVERELL, a.k.a. KARIN
12 NICOLE SILVA, a.k.a. KARIN NICOLE
PEREZ

A C C U S A T I O N

13 1331 South Wolfe Road, #61
14 Sunnyvale, California 94087

15 Registered Nurse License No. 566821

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Accusation
21 solely in her official capacity as the Executive Officer of the Board of Registered Nursing,
22 Department of Consumer Affairs.

23 2. On or about May 11, 2000, the Board of Registered Nursing issued
24 Registered Nurse License Number 566821 to Karin Nicole Averell, also known as Karin Nicole
25 Silva, also known as Karin Nicole Perez (Respondent). The Registered Nurse License was in full
26 force and effect at all times relevant to the charges brought herein and will expire on November
27 30, 2007, unless renewed.

28 ///

JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2750 of the Code provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

5. Section 2764 of the Code provides, in pertinent part, that the lapsing or voluntary surrender of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

6. Under section 2811(b) of the Code, the Board may renew an expired license at any time within eight years after the expiration.

STATUTORY PROVISIONS

7. Section 2761(a) of the Code provides, in pertinent part, that "[t]he board may take disciplinary action against a certified or licensed nurse . . . for . . . [u]nprofessional conduct . . ."

8. Section 2762 of the Code states, in pertinent part;

"In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

1 (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible
2 entries in any hospital, patient, or other record pertaining to the substances described in
3 subdivision (a) of this section."

4 9. Section 11173(a) of the Health and Safety Code provides:

5 "No person shall obtain or attempt to obtain controlled substances, or procure or
6 attempt to procure the administration of or prescription for controlled substances, (1) by fraud,
7 deceit, misrepresentation, or subterfuge; or (2) by concealment of a material fact."

8 COST RECOVERY

9 10. Section 125.3 of the Code provides, in pertinent part, that the Board may
10 request the administrative law judge to direct a licensee found to have committed a violation or
11 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation
12 and enforcement of the case.

13 DRUGS

14 11. "Demerol" is the brand name for Meperidine Hydrochloride, a derivative
15 of Pethidine, and a Schedule II controlled substance as designated by Health and Safety Code
16 section 11055(c)(17) and a dangerous drug within the meaning of Code section 4022.

17 FIRST CAUSE FOR DISCIPLINE

18 (Unprofessional Conduct: Falsify or Make Incorrect or Inconsistent Entries in Records)

19 12. Respondent's registered nurse license is subject to discipline under section
20 2761(a) of the Code for unprofessional conduct, as defined by Code section 2762(e), in that
21 while employed as a registered nurse at Washington Hospital in Fremont, California, she made
22 false, grossly incorrect or grossly inconsistent entries in hospital, patient, or other records
23 pertaining to controlled substances and/or dangerous drugs as follows:

24 ///

25 ///

26 ///

27 ///

28 ///

1 a. PATIENT 1¹: On or about March 24, 2004 at approximately 1748 hours,
2 Respondent obtained a 300 mg dose of Demerol from the PYXIS² system for administration to
3 Patient 1, without a physician's order to do so. Thereafter, Respondent failed to document or
4 record the administration of the medication on the patient's medication administration record and
5 failed to fully account for the disposition of the medication in that Respondent only charted the
6 wastage of 75 mg.

7 b. PATIENT 2: On or about March 27, 2004 at approximately 2240 hours,
8 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
9 Patient 2, without a physician's order to do so. Thereafter, Respondent failed to document or
10 record the administration of the medication on the patient's medication administration record and
11 failed to fully account for the disposition of the medication in that Respondent only charted the
12 wastage of 75 mg.

13 c. PATIENT 3: On or about March 28, 2004 at approximately 2157 hours,
14 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
15 Patient 3, without a physician's order to do so. Thereafter, Respondent failed to document or
16 record the administration of the medication on the patient's medication administration record and
17 failed to fully account for the disposition of the medication in that Respondent only charted the
18 wastage of 75 mg.

19 d. PATIENT 4: On or about March 4, 2004 at approximately 2243 hours,
20 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
21 Patient 4, without a physician's order to do so. Thereafter, Respondent failed to document or
22 record the administration of the medication on the patient's medication administration record and
23 failed to fully account for the disposition of the medication in that Respondent only charted the
24 wastage of 75 mg.

25
26 1. All patients are identified by numbers in order to preserve patient confidentiality. The
27 medical record numbers of these patients will be disclosed pursuant to a request for discovery.

28 2. PYXIS is a system for the automated dispensing and management of medications at the
point of use in hospital settings.

1 e. PATIENT 5: On or about March 17, 2004 at approximately 2221 hours,
2 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
3 Patient 5. Thereafter, Respondent failed to fully account for the disposition of the medication as
4 Respondent only charted the wastage of 75 mg.

5 f. PATIENT 6: On or about March 14, 2004 at approximately 2254 hours,
6 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
7 Patient 6. Thereafter, Respondent failed to fully account for the disposition of the medication as
8 Respondent only charted the wastage of 75 mg.

9 g. PATIENT 7: On or about March 13, 2004 at approximately 2014 hours,
10 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
11 Patient 7. Thereafter, Respondent failed to fully account for the disposition of the medication as
12 Respondent only charted the wastage of 100 mg.

13 On or about March 4, 2004 at approximately 2014 hours, Respondent obtained a
14 225 mg dose of Demerol from the PYXIS system for administration to Patient 7. Thereafter,
15 Respondent failed to fully account for the disposition of the medication as Respondent only
16 charted the wastage of 75 mg.

17 h. PATIENT 8: On or about March 10, 2004 at approximately 2034 hours,
18 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
19 Patient 8. Thereafter, Respondent failed to fully account for the disposition of the medication as
20 Respondent only charted the wastage of 75 mg.

21 On or about March 9, 2004 at approximately 2224 hours, Respondent obtained a
22 300 mg dose of Demerol from the PYXIS system for administration to Patient 8. Thereafter,
23 Respondent failed to fully account for the disposition of the medication as Respondent only
24 charted the wastage of 75 mg.

25 On or about March 9, 2004 at approximately 2224 hours, Respondent obtained a
26 50 mg dose of Demerol from the PYXIS system for administration to Patient 8. Thereafter,
27 Respondent failed to accurately and consistently account for the disposition of the medication as
28 Respondent charted the wastage of 75 mg.

1 i. PATIENT 9: On or about March 8, 2004 at approximately 2026 hours,
2 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
3 Patient 9. Thereafter, Respondent failed to fully account for the disposition of the medication as
4 Respondent only charted the wastage of 75 mg.

5 On or about March 8, 2004 at approximately 2026 hours, Respondent obtained a
6 225 mg dose of Demerol from the PYXIS system for administration to Patient 9. Thereafter,
7 Respondent failed to fully account for the disposition of the medication as Respondent only
8 charted the wastage of 75 mg.

9 j. PATIENT 10: On or about March 1, 2004 at approximately 2252 hours,
10 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
11 Patient 10. Thereafter, Respondent failed to fully account for the disposition of the medication as
12 Respondent only charted the wastage of 75 mg.

13 k. PATIENT 11: On or about February 29, 2004 at approximately 2309 hours,
14 Respondent obtained a 400 mg dose of Demerol from the PYXIS system for administration to
15 Patient 11. Thereafter, Respondent failed to fully account for the disposition of the medication as
16 Respondent only charted the wastage of 100 mg.

17 On or about February 28, 2004 at approximately 2054 hours, Respondent obtained
18 a 200 mg dose of Demerol from the PYXIS system for administration to Patient 11. Thereafter,
19 Respondent failed to fully account for the disposition of the medication as Respondent only
20 charted the wastage of 100 mg.

21 On or about February 28, 2004 at approximately 1843 hours, Respondent obtained
22 a 200 mg dose of Demerol from the PYXIS system for administration to Patient 11. Thereafter,
23 Respondent failed to fully account for the disposition of the medication as Respondent only
24 charted the wastage of 100 mg.

25 l. PATIENT 12: On or about February 24, 2004 at approximately 2251
26 hours, Respondent obtained a 300 mg dose of Demerol from the PYXIS system for
27 administration to Patient 12. Thereafter, Respondent failed to fully account for the disposition of
28 the medication as Respondent only charted the wastage of 75 mg.

1 On or about February 14, 2004 at approximately 2257 hours, Respondent obtained
2 a 300 mg dose of Demerol from the PYXIS system for administration to Patient 12. Thereafter,
3 Respondent failed to fully account for the disposition of the medication as Respondent only
4 charted the wastage of 75 mg.

5 On or about February 13, 2004 at approximately 2340 hours, Respondent obtained
6 a 300 mg dose of Demerol from the PYXIS system for administration to Patient 12. Thereafter,
7 Respondent failed to fully account for the disposition of the medication as Respondent only
8 charted the wastage of 75 mg.

9 m. PATIENT 13: On or about February 19, 2004 at approximately 2344 hours,
10 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
11 Patient 13. Thereafter, Respondent failed to fully account for the disposition of the medication as
12 Respondent only charted the wastage of 75 mg.

13 On or about February 18, 2004 at approximately 2229 hours, Respondent obtained
14 a 300 mg dose of Demerol from the PYXIS system for administration to Patient 13. Thereafter,
15 Respondent failed to fully account for the disposition of the medication as Respondent only
16 charted the wastage of 75 mg.

17 n. PATIENT 14: On or about February 23, 2004 at approximately 2329 hours,
18 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
19 Patient 14. Thereafter, Respondent failed to fully account for the disposition of the medication as
20 Respondent only charted the wastage of 75 mg.

21 o. PATIENT 15: On or about February 10, 2004 at approximately 2255 hours,
22 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
23 Patient 15. Thereafter, Respondent failed to fully account for the disposition of the medication as
24 Respondent only charted the wastage of 75 mg.

25 p. PATIENT 16: On or about February 9, 2004 at approximately 2147 hours,
26 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
27 Patient 16. Thereafter, Respondent failed to fully account for the disposition of the medication as
28 Respondent only charted the wastage of 75 mg.

1 q. PATIENT 17: On or about February 5, 2004 at approximately 2318 hours,
2 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
3 Patient 17. Thereafter, Respondent failed to fully account for the disposition of the medication as
4 Respondent only charted the wastage of 75 mg.

5 r. PATIENT 18: On or about February 4, 2004 at approximately 2307 hours,
6 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
7 Patient 18. Thereafter, Respondent failed to fully account for the disposition of the medication as
8 Respondent only charted the wastage of 75 mg.

9 On or about February 4, 2004 at approximately 1704 hours, Respondent obtained
10 a 225 mg dose of Demerol from the PYXIS system for administration to Patient 18. Thereafter,
11 Respondent failed to fully account for the disposition of the medication as Respondent only
12 charted the wastage of 75 mg.

13 On or about January 30, 2004 at approximately 2349 hours, Respondent obtained
14 a 225 mg dose of Demerol from the PYXIS system for administration to Patient 18. Thereafter,
15 Respondent failed to fully account for the disposition of the medication as Respondent only
16 charted the wastage of 75 mg.

17 Also on or about January 30, 2004 at approximately 2349 hours, Respondent
18 obtained a 150 mg dose of Demerol from the PYXIS system for administration to Patient 18.
19 Thereafter, Respondent failed to fully account for the disposition of the medication as
20 Respondent only charted the wastage of 75 mg.

21 s. PATIENT 19: On or about February 1, 2004 at approximately 2006 hours,
22 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
23 Patient 19. Thereafter, Respondent failed to fully account for the disposition of the medication as
24 Respondent only charted the wastage of 75 mg.

25 t. PATIENT 20: On or about January 31, 2004 at approximately 2322 hours,
26 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
27 Patient 20. Thereafter, Respondent failed to fully account for the disposition of the medication as
28 Respondent only charted the wastage of 75 mg.

1 u. PATIENT 21: On or about January 28, 2004 at approximately 1938 hours,
2 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
3 Patient 21. Thereafter, Respondent failed to fully account for the disposition of the medication as
4 Respondent only charted the wastage of 75 mg.

5 v. PATIENT 22: On or about January 27, 2004 at approximately 1938 hours,
6 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
7 Patient 22. Thereafter, Respondent failed to fully account for the disposition of the medication as
8 Respondent only charted the wastage of 75 mg.

9 On or about January 27, 2004 at approximately 1935 hours, Respondent obtained
10 a 150 mg dose of Demerol from the PYXIS system for administration to Patient 22. Thereafter,
11 Respondent failed to fully account for the disposition of the medication as Respondent only
12 charted the wastage of 75 mg.

13 w. PATIENT 23: On or about January 22, 2004 at approximately 1749 hours,
14 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
15 Patient 23. Thereafter, Respondent failed to fully account for the disposition of the medication as
16 Respondent only charted the wastage of 75 mg.

17 x. PATIENT 24: On or about January 21, 2004 at approximately 2130 hours,
18 Respondent obtained a 150 mg dose of Demerol from the PYXIS system for administration to
19 Patient 24. Thereafter, Respondent failed to fully account for the disposition of the medication as
20 Respondent only charted the wastage of 75 mg.

21 On or about January 21, 2004 at approximately 2130 hours, Respondent obtained
22 a 150 mg dose of Demerol from the PYXIS system for administration to Patient 24. Thereafter,
23 Respondent failed to fully account for the disposition of the medication as Respondent only
24 charted the wastage of 75 mg.

25 y. PATIENT 25: On or about January 18, 2004 at approximately 2049 hours,
26 Respondent obtained a 150 mg dose of Demerol from the PYXIS system for administration to
27 Patient 25. Thereafter, Respondent failed to fully account for the disposition of the medication as
28 Respondent only charted the wastage of 75 mg.

1 z. PATIENT 26: On or about January 7, 2004 at approximately 1848 hours,
2 Respondent obtained a 75 mg dose of Demerol from the PYXIS system for administration to
3 Patient 26. Thereafter, Respondent charted the wastage of 75 mg.

4 Also on or about January 17, 2004 at approximately 1848 hours, Respondent
5 obtained a 150 mg dose of Demerol from the PYXIS system for administration to Patient 26.
6 Thereafter, Respondent failed to fully account for the disposition of the medication as
7 Respondent only charted the wastage of 75 mg.

8 On or about January 17, 2004 at approximately 1618 hours, Respondent obtained
9 a 50 mg dose of Demerol from the PYXIS system for administration to Patient 26. Thereafter,
10 Respondent failed to correctly or consistently account for the disposition of the medication as
11 Respondent charted the wastage of 75 mg.

12 aa. PATIENT 27: On or about January 13, 2004 at approximately 2157 hours,
13 Respondent obtained a 225 mg dose of Demerol from the PYXIS system for administration to
14 Patient 27. Thereafter, Respondent failed to fully account for the disposition of the medication as
15 Respondent only charted the wastage of 75 mg.

16 bb. PATIENT 28: On or about January 12, 2004 at approximately 2053 hours,
17 Respondent obtained a 75 mg dose of Demerol from the PYXIS system for administration to
18 Patient 28. Thereafter, Respondent charted the wastage of 75 mg.

19 Also on or about January 12, 2004 at approximately 2053 hours, Respondent
20 obtained a 75 mg dose of Demerol from the PYXIS system for administration to Patient 28.
21 Thereafter, Respondent charted the wastage of 75 mg.

22 On or about January 12, 2004 at approximately 1932 hours, Respondent obtained
23 a 150 mg dose of Demerol from the PYXIS system for administration to Patient 28. Thereafter,
24 Respondent failed to fully account for the disposition of the medication as Respondent only
25 charted the wastage of 75 mg.

26 ///

27 ///

28 ///

1 cc. PATIENT 29: On or about January 7, 2004 at approximately 2153 hours,
2 Respondent obtained a 300 mg dose of Demerol from the PYXIS system for administration to
3 Patient 29. Thereafter, Respondent failed to fully account for the disposition of the medication
4 as Respondent only charted the wastage of 75 mg.

5 SECOND CAUSE FOR DISCIPLINE

6 (Unprofessional Conduct: Obtaining a Controlled Substance)

7 13. Complainant realleges the allegations set forth in paragraph 12 and its sub-
8 parts, above, which are herein incorporated by reference as though fully set forth. On the
9 occasions alleged in paragraph 12, Respondent, by her own admission, diverted Demerol for her
10 own use, although she denied actually self-administering said controlled substance.

11 14. Respondent's registered nurse license is subject to discipline under section
12 2761(a) of the Code for unprofessional conduct, as defined by Code section 2762(a) in that while
13 employed as a registered nurse at Washington Hospital in Fremont, California, she obtained
14 Demerol, a controlled substance and a dangerous drug, by fraud, deceit, misrepresentation,
15 subterfuge, and/or by the concealment of a material fact, in violation of Health and Safety Code
16 section 11173(a), as set forth in paragraphs 12 and 13, above.

17 AGGRAVATION OF PENALTY

18 15. Complainant alleges, by way of aggravation of any penalty to be imposed
19 in this matter, that on or about December 15, 2005, Respondent was terminated from the
20 Board's Diversion Program as a threat to public safety, after participating in that program since
21 April 13, 2004 and after testing positive for alcohol and propoxyphene on November 3, 2005, for
22 propoxyphene on November 14, 2005, and for alcohol on November 30, 2005, December 5,
23 2005, and December 7, 2005.

24 ///

25 ///

26 ///

27 ///

28 ///

PRAVER

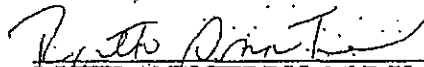
WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 566821, issued to Karin Nicole Averell, a.k.a. Karin Nicole Silva, a.k.a. Karin Nicole Perez.

2. Ordering Karin Nicole Averell to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and

3. Taking such other and further action as deemed necessary and proper.

DATED: 6/26/06


RUTH ANN TERRY, M.P.H., R.N.
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant